

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

ADDRESS (number and street)

333 S. WABASH

43-S

☐Check if different
than previously
reported. (ACC)

CHICAGO

IL

60604

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00078287

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☐July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☐January 31
Quarterly Report (YE)☒July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

01

01

2009

through

06

30

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Karen E. Melchert

Signature of Treasurer

Electronically Filed by Karen E. Melchert

Date

07

28

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	1	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2009		12057.03
(b) Cash on Hand at Beginning of Reporting Period	12057.03	
(c) Total Receipts (from Line 19)	65066.85	65066.85
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	77123.88	77123.88
7. Total Disbursements (from Line 31)	43104.12	43104.12
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	34019.76	34019.76
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE **OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	1	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	W	Y
0	6	0	3	2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	40344.86	40344.86
(ii) Unitemized	23221.99	23221.99
(iii) TOTAL (add Lines 11(a)(i) and (ii)	63566.85	63566.85
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	63566.85	63566.85
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	1500.00	1500.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	65066.85	65066.85
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	65066.85	65066.85

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	104.12	104.12	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	104.12	104.12	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	24000.00	24000.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	19000.00	19000.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	43104.12	43104.12	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	43104.12	43104.12	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	63566.85	63566.85
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	63566.85	63566.85
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	104.12	104.12
37. Offsets to Operating Expenditures (from Line 15, page 3)	1500.00	1500.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-1395.88	-1395.88

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 51

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A.

Full Name (Last, First, Middle Initial)

Amy Adams

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA Insurance

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.16200

Amount of Each Receipt this Period

250.02

Contribution

B.

Full Name (Last, First, Middle Initial)

George Agyen

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60655

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.16201

Amount of Each Receipt this Period

250.02

Contribution

C.

Full Name (Last, First, Middle Initial)

Michael Anway

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.02

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.16249

Amount of Each Receipt this Period

325.02

Contribution

SUBTOTAL of Receipts This Page (optional)

825.06

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 51

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A.

Full Name (Last, First, Middle Initial)

Daniel Auslander

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.16202

Amount of Each Receipt this Period

250.02

Contribution

B.

Full Name (Last, First, Middle Initial)

Dennis Barger

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA Insurance

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.15967

Amount of Each Receipt this Period

250.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Darci Beacom

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.16204

Amount of Each Receipt this Period

250.02

Contribution

SUBTOTAL of Receipts This Page (optional)

750.04

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 51

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A.

Full Name (Last, First, Middle Initial)

Jeffrey Becker

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA Insurance

Occupation

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.68

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.16301

Amount of Each Receipt this Period

50.00

Contribution

B.

Full Name (Last, First, Middle Initial)

John Beckman

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA

Occupation

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.15971

Amount of Each Receipt this Period

750.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Jacquelyne Belcastro

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA

Occupation

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.68

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.16319

Amount of Each Receipt this Period

125.00

Contribution

SUBTOTAL of Receipts This Page (optional)

925.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 51

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A.

Full Name (Last, First, Middle Initial)

Larry Boysen

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.16251

Amount of Each Receipt this Period

375.00

Contribution

B.

Full Name (Last, First, Middle Initial)

John Brand

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.16425

Amount of Each Receipt this Period

750.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Patty Bridger

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA Insurance

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.16252

Amount of Each Receipt this Period

375.00

Contribution

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 51

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A.

Full Name (Last, First, Middle Initial)

Nancy Bufalino

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60604

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.16207

Amount of Each Receipt this Period

250.02

Contribution

B.

Full Name (Last, First, Middle Initial)

John Ciabattoni

Mailing Address 333 S. Wabash

City

Chicago

State

IL

Zip Code

60604

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.16209

Amount of Each Receipt this Period

250.02

Contribution

C.

Full Name (Last, First, Middle Initial)

Bruce Cluskey, q

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.16210

Amount of Each Receipt this Period

250.02

Contribution

SUBTOTAL of Receipts This Page (optional)

750.06

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 51

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A.

Full Name (Last, First, Middle Initial)

Charles Colburn

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA Insurance

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.16211

Amount of Each Receipt this Period

250.02

Contribution

B.

Full Name (Last, First, Middle Initial)

Michael Colliau

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA Insurance

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.16424

Amount of Each Receipt this Period

600.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Linda Core

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.15975

Amount of Each Receipt this Period

300.00

Contribution

SUBTOTAL of Receipts This Page (optional)

1150.02

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 51

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A.

Full Name (Last, First, Middle Initial)

Terry Cosgrove

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60604

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.16212

Amount of Each Receipt this Period

250.02

Contribution

B.

Full Name (Last, First, Middle Initial)

Kathleen Cuning

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA Insurance

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.16253

Amount of Each Receipt this Period

375.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Heather Davis

Mailing Address 333 S. Wabash
43rd Floor

City

Chicago

State

IL

Zip Code

60604

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA

Occupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.16254

Amount of Each Receipt this Period

375.00

Contribution

SUBTOTAL of Receipts This Page (optional)

1000.02

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 51

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A.

Full Name (Last, First, Middle Initial)

John Devereux

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.16247

Amount of Each Receipt this Period

300.00

Contribution

B.

Full Name (Last, First, Middle Initial)

C. M. Dower

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.15976

Amount of Each Receipt this Period

250.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Janet Duncan

Mailing Address 333 S. Wabash

City

Chicago

State

IL

Zip Code

60604

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.16426

Amount of Each Receipt this Period

750.00

Contribution

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 51

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A.

Full Name (Last, First, Middle Initial)

Warren Edwards

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNAOccupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	5	/	2	0	0	9

Transaction ID: SA11AI.16213

Amount of Each Receipt this Period

250.02

Contribution

B.

Full Name (Last, First, Middle Initial)

Connie Eggleston

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNAOccupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	9	/	2	0	0	9

Transaction ID: SA11AI.15977

Amount of Each Receipt this Period

500.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Jon Elenius

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA InsuranceOccupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	9	/	2	0	0	9

Transaction ID: SA11AI.15979

Amount of Each Receipt this Period

300.00

Contribution

SUBTOTAL of Receipts This Page (optional)

1050.02

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 51

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A.

Full Name (Last, First, Middle Initial)

George Fay

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60604

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.16268

Amount of Each Receipt this Period

500.04

Contribution

B.

Full Name (Last, First, Middle Initial)

David Fennell

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.16415

Amount of Each Receipt this Period

300.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Diane Ferro

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60604

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.16214

Amount of Each Receipt this Period

250.02

Contribution

SUBTOTAL of Receipts This Page (optional)

1050.06

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 51

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A.

Full Name (Last, First, Middle Initial)

Michael Fitzgerald

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA Insurance

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.16255

Amount of Each Receipt this Period

375.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Daniel Fortin

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.16428

Amount of Each Receipt this Period

750.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Connie Gianakas

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.15982

Amount of Each Receipt this Period

500.00

Contribution

SUBTOTAL of Receipts This Page (optional)

1625.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 51

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A.

Full Name (Last, First, Middle Initial)

John Golden

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNAOccupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.16430

Amount of Each Receipt this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Dawn Griffin

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNAOccupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.16421

Amount of Each Receipt this Period

500.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Lynn Gugenheim

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNAOccupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.16256

Amount of Each Receipt this Period

375.00

Contribution

SUBTOTAL of Receipts This Page (optional)

1875.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 51

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A.

Full Name (Last, First, Middle Initial)

Karen Hagen

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA Insurance

Occupation

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.16215

Amount of Each Receipt this Period

250.02

Contribution

B.

Full Name (Last, First, Middle Initial)

Gary Hall

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA Insurance

Occupation

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.16245

Amount of Each Receipt this Period

252.00

Contribution

C.

Full Name (Last, First, Middle Initial)

James Harms

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA

Occupation

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.15984

Amount of Each Receipt this Period

500.00

Contribution

SUBTOTAL of Receipts This Page (optional)

1002.02

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 51

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A.

Full Name (Last, First, Middle Initial)

Dennis Hemme

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.16257

Amount of Each Receipt this Period

375.00

Contribution

B.

Full Name (Last, First, Middle Initial)

John Holtrup

Mailing Address 333 S. Wabash

City

Chicago

State

IL

Zip Code

60604

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.16216

Amount of Each Receipt this Period

250.02

Contribution

C.

Full Name (Last, First, Middle Initial)

Patricia Hurston

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.15985

Amount of Each Receipt this Period

500.00

Contribution

SUBTOTAL of Receipts This Page (optional)

1125.02

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 51

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A.

Full Name (Last, First, Middle Initial)

Jacqueline Johnson

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.16217

Amount of Each Receipt this Period

250.02

Contribution

B.

Full Name (Last, First, Middle Initial)

Steven Jones

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA Insurance

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.16416

Amount of Each Receipt this Period

300.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Richard Kaminsky

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.15988

Amount of Each Receipt this Period

300.00

Contribution

SUBTOTAL of Receipts This Page (optional)

850.02

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 51

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A.

Full Name (Last, First, Middle Initial)

Robert Keith

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNAOccupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.16258

Amount of Each Receipt this Period

375.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Susan Kelly

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA InsuranceOccupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.16218

Amount of Each Receipt this Period

250.02

Contribution

C.

Full Name (Last, First, Middle Initial)

Karen Knight

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNAOccupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.16422

Amount of Each Receipt this Period

500.00

Contribution

SUBTOTAL of Receipts This Page (optional)

1125.02

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 51

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A.

Full Name (Last, First, Middle Initial)

Thomas Kocaj

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNAOccupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.16219

Amount of Each Receipt this Period

250.02

Contribution

B.

Full Name (Last, First, Middle Initial)

Robert Koza

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNAOccupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.16221

Amount of Each Receipt this Period

250.02

Contribution

C.

Full Name (Last, First, Middle Initial)

Mark Kruse

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNAOccupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.15989

Amount of Each Receipt this Period

500.00

Contribution

SUBTOTAL of Receipts This Page (optional)

1000.04

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A.

Full Name (Last, First, Middle Initial)

Carla Kambric Lammers

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.16423

Amount of Each Receipt this Period

500.00

Contribution

B.

Full Name (Last, First, Middle Initial)

John Landenberger

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.16222

Amount of Each Receipt this Period

250.02

Contribution

C.

Full Name (Last, First, Middle Initial)

Hillary Lewis

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA Insurance

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.15987

Amount of Each Receipt this Period

300.00

Contribution

SUBTOTAL of Receipts This Page (optional)

1050.02

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 51

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A.

Full Name (Last, First, Middle Initial)

Peter Lies

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.16223

Amount of Each Receipt this Period

250.02

Contribution

B.

Full Name (Last, First, Middle Initial)

Donny Lippard

Mailing Address 333 S. Wabash

City

Chicago

State

IL

Zip Code

60604

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.16259

Amount of Each Receipt this Period

375.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Michael Mallon

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.16224

Amount of Each Receipt this Period

250.02

Contribution

SUBTOTAL of Receipts This Page (optional)

875.04

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 51

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A.

Full Name (Last, First, Middle Initial)

Glen Mangold

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA Insurance

Occupation

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.16417

Amount of Each Receipt this Period

300.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Robert Mann

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA

Occupation

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.16260

Amount of Each Receipt this Period

375.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Marilou McGirr

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA

Occupation

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.16225

Amount of Each Receipt this Period

250.02

Contribution

SUBTOTAL of Receipts This Page (optional)

925.02

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 26 / 51

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A.

Full Name (Last, First, Middle Initial)

Craig Meadors

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA Insurance

Occupation

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.16248

Amount of Each Receipt this Period

300.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Karen E. Melchert

Mailing Address 333 S. Wabash
43rd Floor

City

Chicago

State

IL

Zip Code

60604

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA Insurance

Occupation

Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.16227

Amount of Each Receipt this Period

250.02

Contribution

C.

Full Name (Last, First, Middle Initial)

Craig Mense

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA

Occupation

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.16269

Amount of Each Receipt this Period

500.04

Contribution

SUBTOTAL of Receipts This Page (optional)

1050.06

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 27 / 51

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A.

Full Name (Last, First, Middle Initial)

Stephen Morgan

Mailing Address 333 S. Wabash

City

Chicago

State

IL

Zip Code

60604

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.16229

Amount of Each Receipt this Period

250.02

Contribution

B.

Full Name (Last, First, Middle Initial)

Thomas Motamed

Mailing Address CNA Plaza
333 S. Wabash

City

Chicago

State

IL

Zip Code

60604

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.15991

Amount of Each Receipt this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

William Nachtsheim

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.16261

Amount of Each Receipt this Period

375.00

Contribution

SUBTOTAL of Receipts This Page (optional)

1625.02

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A.

Full Name (Last, First, Middle Initial)

Lew Nathan

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.15993

Amount of Each Receipt this Period

750.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Jeffrey Neuenschwander

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA Insurance

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.16230

Amount of Each Receipt this Period

250.02

Contribution

C.

Full Name (Last, First, Middle Initial)

James O'Malley

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA Insurance

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.16199

Amount of Each Receipt this Period

240.00

Contribution

SUBTOTAL of Receipts This Page (optional)

1240.02

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A.

Full Name (Last, First, Middle Initial)

Raymond Oral

Mailing Address CNA Plaza

333 S. Wabash

City

Chicago

State

IL

Zip Code

60604

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.15994

Amount of Each Receipt this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Sarah Pang

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.16431

Amount of Each Receipt this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

David Perry

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.16231

Amount of Each Receipt this Period

250.02

Contribution

SUBTOTAL of Receipts This Page (optional)

2250.02

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 51

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A.

Full Name (Last, First, Middle Initial)

Thomas Pontarelli

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.16270

Amount of Each Receipt this Period

500.04

Contribution

B.

Full Name (Last, First, Middle Initial)

Richard Pye

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.16233

Amount of Each Receipt this Period

250.02

Contribution

C.

Full Name (Last, First, Middle Initial)

Gail Ranieri

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60604

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.16418

Amount of Each Receipt this Period

300.00

Contribution

SUBTOTAL of Receipts This Page (optional)

1050.06

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 51

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A.

Full Name (Last, First, Middle Initial)

Robert Rice

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA Insurance

Occupation

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.16419

Amount of Each Receipt this Period

300.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Vicky Russell

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA Insurance

Occupation

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.16001

Amount of Each Receipt this Period

500.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Thomas Scott

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA

Occupation

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.16429

Amount of Each Receipt this Period

750.00

Contribution

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 51

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A.

Full Name (Last, First, Middle Initial)

Michael Sehr

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.50

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.16263

Amount of Each Receipt this Period

312.50

Contribution

B.

Full Name (Last, First, Middle Initial)

Michael Sehr

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.16371

Amount of Each Receipt this Period

687.50

Contribution

C.

Full Name (Last, First, Middle Initial)

Andrew Shapiro

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.16264

Amount of Each Receipt this Period

375.00

Contribution

SUBTOTAL of Receipts This Page (optional)

1375.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A.

Full Name (Last, First, Middle Initial)

Kevin Shyne

Mailing Address CNA Plaza

City

Chicago

State

ID

Zip Code

60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA

Occupation
Execurive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.16003

Amount of Each Receipt this Period

300.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Jerry Sliwa

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.16004

Amount of Each Receipt this Period

300.00

Contribution

C.

Full Name (Last, First, Middle Initial)

David Smith

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.16234

Amount of Each Receipt this Period

250.02

Contribution

SUBTOTAL of Receipts This Page (optional)

850.02

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 51

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A.

Full Name (Last, First, Middle Initial)

Michael S Smith

Mailing Address 333 S. Wabash

City

Chicago

State

IL

Zip Code

60604

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA Insurance

Occupation

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.16235

Amount of Each Receipt this Period

250.02

Contribution

B.

Full Name (Last, First, Middle Initial)

Ralph Soletti

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA

Occupation

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.16237

Amount of Each Receipt this Period

250.02

Contribution

C.

Full Name (Last, First, Middle Initial)

Kerry Spaven

Mailing Address 333 S. Wabash

City

Chicago

State

IL

Zip Code

60604

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA

Occupation

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.16005

Amount of Each Receipt this Period

500.00

Contribution

SUBTOTAL of Receipts This Page (optional)

1000.04

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 51

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A.

Full Name (Last, First, Middle Initial)

Michael Stapleton

Mailing Address 333 S. Wabash

City

Chicago

State

IL

Zip Code

60604

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.16265

Amount of Each Receipt this Period

375.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Ronald Stegeman

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.16238

Amount of Each Receipt this Period

250.02

Contribution

C.

Full Name (Last, First, Middle Initial)

Michelle Stegmann

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA Insurance

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.16008

Amount of Each Receipt this Period

300.00

Contribution

SUBTOTAL of Receipts This Page (optional)

925.02

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 51

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A.

Full Name (Last, First, Middle Initial)

Mark Stephens

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.16009

Amount of Each Receipt this Period

500.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Stephen Stonehouse

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.16010

Amount of Each Receipt this Period

500.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Karen Stuttman

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.16239

Amount of Each Receipt this Period

250.02

Contribution

SUBTOTAL of Receipts This Page (optional)

1250.02

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 51

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A.

Full Name (Last, First, Middle Initial)

John Tatum

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA Insurance

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.16240

Amount of Each Receipt this Period

250.02

Contribution

B.

Full Name (Last, First, Middle Initial)

Cynthia Traczyk

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.16241

Amount of Each Receipt this Period

250.02

Contribution

C.

Full Name (Last, First, Middle Initial)

Marie Usher

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.16242

Amount of Each Receipt this Period

250.02

Contribution

SUBTOTAL of Receipts This Page (optional)

750.06

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 51

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A.

Full Name (Last, First, Middle Initial)

Jeffrey Vankley

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60604

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.16243

Amount of Each Receipt this Period

250.02

Contribution

B.

Full Name (Last, First, Middle Initial)

Marie-Eve Vesel

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA Insurance

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.16420

Amount of Each Receipt this Period

300.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Richmond Waller

Mailing Address 333 S. Wabash

City

Chicago

State

IL

Zip Code

60604

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.16244

Amount of Each Receipt this Period

250.02

Contribution

SUBTOTAL of Receipts This Page (optional)

800.04

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 51

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A.

Full Name (Last, First, Middle Initial)

Michael Warnick

Mailing Address CNA Plaza

City

Chicago

State

ID

Zip Code

60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.16011

Amount of Each Receipt this Period

750.00

Contribution

B.

Full Name (Last, First, Middle Initial)

David Washburn

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.16012

Amount of Each Receipt this Period

500.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Stephen J. Westman

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.16266

Amount of Each Receipt this Period

375.00

Contribution

SUBTOTAL of Receipts This Page (optional)

1625.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A.

Full Name (Last, First, Middle Initial)

Peter Wilson

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.16014

Amount of Each Receipt this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

John Wurzler

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60604

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.16246

Amount of Each Receipt this Period

252.00

Contribution

SUBTOTAL of Receipts This Page (optional)

1252.00

TOTAL This Period (last page this line number only)

40344.86

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A.

Full Name (Last, First, Middle Initial)

Eddie Lucio Campaign

Mailing Address PO Box 5958

City

Brownsville

State

TX

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: SA15.16490

Amount of Each Receipt this Period

500.00

Stop Payment of Contribut-
ion Written 7/22/08 -Line
29

B.

Full Name (Last, First, Middle Initial)

Gary Elkins Campaign

Mailing Address 16430 Koester

City

Houston

State

TX

Zip Code

77040

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: SA15.16492

Amount of Each Receipt this Period

500.00

Stop Payment of Contribut-
ion written 7/22/08- Line
29

C.

Full Name (Last, First, Middle Initial)

Kelly Hancock Campagin

Mailing Address 8944 Glenara

City

North Richland Hil

State

TX

Zip Code

76180

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: SA15.16491

Amount of Each Receipt this Period

500.00

Stop Payment of Contribut-
ion written 7/22/08- Line
29

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

1500.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A.

Full Name (Last, First, Middle Initial)
BACHMANN FOR CONGRESS

Mailing Address BOX 49756

City State Zip Code
BLAINE MN 55449

Purpose of Disbursement
Contribution

Candidate Name
BACHMANN FOR CONGRESS

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: MN District: 06

Transaction ID: SB23.16452

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)
EVAN BAYH COMMITTEE

Mailing Address 850 FORT WAYNE AVENUE

City State Zip Code
INDIANAPOLIS IN 46204

Purpose of Disbursement
Contribution

Candidate Name
EVAN BAYH COMMITTEE

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For:
☐ Primary ☒ General
☐ Other (specify) ▼

State: IN District: 00

Transaction ID: SB23.16470

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
FRIENDS OF CHRIS DODD

Mailing Address PO BOX 270701

City State Zip Code
WEST HARTFORD CT 06127

Purpose of Disbursement
Contribution

Candidate Name
FRIENDS OF CHRIS DODD

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CT District: 00

Transaction ID: SB23.16459

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A.

Full Name (Last, First, Middle Initial)

GILLIBRAND FOR SENATE

Mailing Address PO BOX 15734

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
Contribution

Candidate Name
GILLIBRAND FOR SENATE

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 00

Transaction ID: SB23.16432

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)

HALVORSON FOR CONGRESS

Mailing Address PO BOX 176

City
CRETE

State
IL

Zip Code
60417

Purpose of Disbursement
Contribution

Candidate Name
HALVORSON FOR CONGRESS

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 11

Transaction ID: SB23.16464

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

JESSE JACKSON JR FOR CONGRESS

Mailing Address P.O. Box 490286

City
Chicago

State
IL

Zip Code
60649

Purpose of Disbursement
Contribution

Candidate Name
JESSE JACKSON JR FOR CONGRESS

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 02

Transaction ID: SB23.16438

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

FEC Schedule B (Form 3X) (Revised 02/2003)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 45 / 51

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A.

Full Name (Last, First, Middle Initial)

MELISSA BEAN FOR CONGRESS

Mailing Address POST OFFICE BOX 3068

City
BARRINGTONState
ILZip Code
60010Purpose of Disbursement
ContributionCandidate Name
MELISSA BEAN FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 08

Transaction ID: SB23.16434

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	8		2	0	0	9

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Mailing Address PO Box

City
BataviaState
ILZip Code
60510Purpose of Disbursement
ContributionCandidate Name
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEECategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.16435

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	8		2	0	0	9

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Mailing Address PO Box

City
BataviaState
ILZip Code
60510Purpose of Disbursement
ContributionCandidate Name
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEECategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.16474

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	0	9

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A.

Full Name (Last, First, Middle Initial)

RANGEL FOR CONGRESS

Mailing Address PO Box 5577
MANHATTANVILLE STA

City State Zip Code
New York NY 10027

Purpose of Disbursement
Contribution

Candidate Name
RANGEL FOR CONGRESS

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 15

Transaction ID: SB23.16440

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)

RICHARD NEAL FOR CONGRESS

Mailing Address PO Box 15906

City State Zip Code
Chevy Chase MD 20825

Purpose of Disbursement
Contribution

Candidate Name
RICHARD NEAL FOR CONGRESS

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☒ General
☐ Other (specify) ▼

State: MD District: 02

Transaction ID: SB23.16469

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

SCHOCK FOR CONGRESS

Mailing Address PO BOX 10555

City State Zip Code
PEORIA IL 61612

Purpose of Disbursement
Contribution

Candidate Name
SCHOCK FOR CONGRESS

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.16436

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A. Full Name (Last, First, Middle Initial)
SCOTT GARRETT FOR CONGRESS

Mailing Address 400 N. Capital Street, NW
Suite 585

City Washington State DC Zip Code 20001

Purpose of Disbursement
Contribution

Candidate Name
SCOTT GARRETT FOR CONGRESS

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 05

Transaction ID: SB23.16453

Date of Disbursement

04 / 29 / 2009

Amount of Each Disbursement this Period

500.00

B. Full Name (Last, First, Middle Initial)
TENN POLITICAL ACTION COMMITTEE INC (TENN PAC)

Mailing Address 101 Constitution Ave., NW
Suite 800 West

City Washington State DC Zip Code 20001

Purpose of Disbursement
Contribution

Candidate Name
TENN POLITICAL ACTION COMMITTEE INC (TENN PAC)

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.16460

Date of Disbursement

04 / 29 / 2009

Amount of Each Disbursement this Period

500.00

C. Full Name (Last, First, Middle Initial)
VOLUNTEERS FOR SHIMKUS

Mailing Address P.O. Box 5458

City Springfield State IL Zip Code 62705

Purpose of Disbursement
Contribution

Candidate Name
VOLUNTEERS FOR SHIMKUS

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 19

Transaction ID: SB23.16466

Date of Disbursement

06 / 24 / 2009

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A.

Full Name (Last, First, Middle Initial)

YARMUTH FOR CONGRESS

Mailing Address 1819 Brownsboro Road
Suite 100

City Louisville State KY Zip Code 40202

Purpose of Disbursement
Contribution

Candidate Name
YARMUTH FOR CONGRESS

Office Sought: ☒ House
☐ Senate
☐ President

State: KY District: 03

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Transaction ID: SB23.16455

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A.

Full Name (Last, First, Middle Initial)

Citizens for Buehrer

Mailing Address 704 Greenview Drive

City State Zip Code
Delta OH 43515

Purpose of Disbursement
Contribution

Candidate Name
Citizens for Buehrer

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District:

Transaction ID: SB29.16480

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Citizens for Dan Dodd

Mailing Address 106 N. Main Street

City State Zip Code
New Lexington OH 43764

Purpose of Disbursement
Contribution

Candidate Name
Citizens for Dan Dodd

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District:

Transaction ID: SB29.16448

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Committee to Elect Bill Harris

Mailing Address 1238 Township Road 1506

City State Zip Code
Ashland OH 44805

Purpose of Disbursement
Contribution

Candidate Name
Committee to Elect Bill Harris

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For:
☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District:

Transaction ID: SB29.16479

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A.

Full Name (Last, First, Middle Initial)

Friends of Armond Budish

Mailing Address 23240 Chagrin Blvd
Building 4, Ste. 450

City Cleveland State OH Zip Code 44122

Purpose of Disbursement
Contribution

Candidate Name
Friends of Armond Budish

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District:

Transaction ID: SB29.16443

Date of Disbursement

03 / 11 / 2009

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Friends of Don White

Mailing Address PO Box 363

City Indiana State PA Zip Code 15701

Purpose of Disbursement
Contribution

Candidate Name
Friends of Don White

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.16475

Date of Disbursement

06 / 24 / 2009

Amount of Each Disbursement this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Husted for Ohio

Mailing Address 100 E. Broad Street
Suite 2225

City Columbus State OH Zip Code 43215

Purpose of Disbursement
Contribution

Candidate Name
Husted for Ohio

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.16477

Date of Disbursement

06 / 24 / 2009

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A.

Full Name (Last, First, Middle Initial)

Ohio Republican Party

Mailing Address 211 South 5th Street

City State Zip Code
Columbus OH 43215

Purpose of Disbursement
Contribution

Candidate Name
Ohio Republic Party

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.16442

Date of Disbursement

03 / 11 / 2009

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Strickland for Governor

Mailing Address 42 Park Drive

City State Zip Code
Columbus OH 43209

Purpose of Disbursement
Contribution

Candidate Name
Strickland for Governor

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.16441

Date of Disbursement

03 / 11 / 2009

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Strickland for Governor

Mailing Address 42 Park Drive

City State Zip Code
Columbus OH 43209

Purpose of Disbursement
Contribution

Candidate Name
Strickland for Governor

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.16445

Date of Disbursement

04 / 29 / 2009

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

19000.00